

Ovarian hyperstimulation syndrome with lung complications

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ABSTRACT

Introduction: With the advancement of assisted reproductive therapy, there is an increase in the controlled ovarian stimulation cycles and consequently in iatrogenic complications of ovarian hyperstimulation syndrome (OHSS). This condition has a wide spectrum of pathophysiology from mild to severe, with lung complication reported in about 10 per cent of severe cases. The atypical isolated pleural effusion without ascites is rare and the pathogenesis not well understood. **Case Description:** We present two uncommon complications of OHSS cases where respiratory symptoms were the main presenting features. **Discussion:** This presentation is intended to highlight these unusual presentations, and the importance of early detection so appropriate management can be instituted to prevent further morbidity and mortality.

A-060

Medical management with oral methotrexate for ectopic pregnancy with high total hCG in Shah Alam Hospital

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ABSTRACT

Introduction: Ectopic pregnancy is defined as implantation outside uterine cavity. It can be detected early base on ultrasonographic finding together with serum hCG level. It can be treated successfully either with medical management methotrexate or with minimally invasive surgery. The American College of Obstetricians and Gynaecologists recommends medical treatment for patients who are hemodynamically stable with no evidence of rupture. There are numerous reports describing successful treatment of ectopic pregnancies using methotrexate (MTX) regimens. However, there is statistically significant increase in failure rates of medical treatment when the initial hCG level is > 5,000 mIU/mL when compared to those with initial levels of 5,000 mIU/mL of below. **Objectives:** 1) To determine the success rate of oral methotrexate in Hospital Shah Alam in patients with high initial hCG level of more than 5,000 mIU/mL 2) To make medical treatment an available option for patient with hCG > 5,000 mIU/ml. **Methods:** This is a retrospective study of 16 patients in Hospital Shah Alam who received oral methotrexate as their treatment for ectopic pregnancy. Selection criteria included hemodynamically stable women with total hCG level of ≥ 5000 mIU/ml, adnexal mass ≤ 3.5 cm, absent cardiac activity and minimal hemoperitoneum. They were prescribed with oral methotrexate with the dose of 60 mg / BSA given in 3 divided doses every 2 hours using the standard tablet of 2.5 mg on day 1 and again on day 4. Data collected and analyses using SPSS system. **Result:** 9 patients were successfully treated with oral methotrexate (56%) while the other 7 patients had to undergo surgery with confirmed leaking or ruptured tubal pregnancy. 2 of the successful patients does not need second methotrexate dose. In failed treatment group 3 of the patients diagnosed with cornual pregnancy. Factor associated with successful treatment include site, parity and age. More cases with tubal pregnancy and patient with multiparity were successfully treated with MTX compared to other site of ectopic and primigravida patient. The side effects of oral methotrexate were well tolerated by all patients. The average time of biochemical resolution of ectopic pregnancy was between 23 to 60 days. The longest time for biochemical resolution was observed in a patient with hCG > 20,000 mIU/ml. No major side effects were reported. **Conclusion:** Oral methotrexate in 2 doses/cycle (day 1 and day 4) can be an option for patient with higher level of total hCG provided patient is stable and is well informed that the success rates is lower (56%). Methotrexate should be used with caution in patients with ectopic pregnancy who present with higher hCG level.